

wanted to bend the arm, the forearm shook and fell in towards the inner side, but he has got the better of that of late, and now this motion is free and correct." Further on he mentions, in relation to this case: "I must not forget to state, that this man has now the use of his arm so completely that he uses it in thrashing in the barn, holding the plough, &c."

I shall append to these remarks on excision of the elbow-joint the impressive and simple words of Moreau: "If these things seem to be incredible, they may be easily brought to the test of experiment. I am firmly of opinion, that, in similar circumstances, the issue will be the same."—*Dub. Quart. Journ. of Med. Science*, Nov. 1855.

32. *Description of a New Operation in Cases where the Joint has been firmly Ankylosed in the Straight Position after Injury.* By RICHARD G. H. BUTCHER, Surgeon to Mercer's Hospital.—There is a condition of the elbow free from disease, the result of injury, when it has become fixed by bony ankylosis in the straight position, that requires special notice. I at once cede the point that, by many, such an inconvenience might be borne with rather than running risks by submitting to a severe operation; but, on the other hand, there are some upon whom the effect would be to deprive them of the means of earning their bread, and, having no resources, would, of necessity, consign them to be inmates of a poor-house for the rest of their days. Here, I think, surgery legitimately offers her powers to relieve. In such a condition of parts I would not excise the joint, but would execute the following operation. I have frequently performed it on the dead body, and a dexterous hand may readily accomplish it in the living. The arm being placed in the same position as that for resection, an incision should be made, about an inch in length, behind the internal condyle, and the ulnar nerve freed from its bed, and drawn forwards with a blunt hook; a second incision should pass outwards to the most prominent part of the external condyle, at right angles with the first, dividing the integuments and ligamentous expansion covering the olecranon. The fine blade of the saw which I use for resection being detached, it should be passed from the extremity of the transverse incision, that is, from without inwards, in front of the condyles and the joint, its flat surface being applied to them; the blade, being sharp at the point, can be readily made to pass along this direction, and by drawing the integuments a little in front of the internal condyle it will appear through the perpendicular incision, or that made in the first instance; the serrated edge may then be turned backwards, the blade connected with its frame, a few movements will sever all resisting parts from before backward, corresponding to the line of the transverse incision through the soft parts; the limb should then be bent at less than a right angle, and any vessels requiring ligatures must be secured. The after-treatment should be exactly in accordance with the rules laid down when speaking of resection. An operation accomplished after this plan is not, I conceive, nearly so serious a measure as excision of the joint; the brachial artery need not be considered in danger, except through undue rashness, and the hopes of a more perfect motion may rationally be expected, when no muscular attachments are divided.—*Dub. Quart. Journ. of Med. Science*, November, 1855.

#### OPHTHALMOLOGY.

33. *Chloroform in Extraction of Cataract.*—MR. HAYNES WALTON stated to the London Medical Society, October 13, 1855, that he had, some time since, used chloroform in the operation of extraction of cataract. In two cases the eye was lost from the vomiting or retching which supervened. He then left it off for some years, and now only employed it when the patient could not control himself, and was restless. There was an objection to chloroform in this operation independent of the retching or vomiting it might produce; this consisted in the fact, that under chloroform the lens did not start so freely after the division of

the cornea as when chloroform was not used, but was more like the lens of a dead body. He related also a case of a cleft palate, in which vomiting came on after the use of chloroform, in consequence of the patient having swallowed a large quantity of blood. The operation failed.

34. *Rupture of the Inner Circle of the Iris.*—Mr. W. WHITE COOPER relates (*Association Medical Journal*, Oct. 9th, 1855) three interesting cases of this rare accident.

“Case 1. In October, 1854, a man was admitted into St. Mary’s Hospital, having received a very severe blow upon the right eye; the anterior chamber was full of blood, and no trace of the iris was visible. He was put to bed, and cold applications were ordered to be constantly applied to the injured eye; a brisk aperient was administered, and he was placed on low regimen.

“I did not see him until the following day, by which time absorption of the effused blood had proceeded so vigorously, that the condition of the iris could be ascertained. It was then seen that this blood had issued from two fissures in the pupillary margin of the iris, which presented a jagged appearance. The pupil was widely dilated, perfectly motionless, and the sight was so far impaired that large objects only could be discerned.

“The eye was, however, free from inflammation, and the patient made no complaint of pain. Under these circumstances, as there happened to be a great demand for beds, the man was permitted to leave the hospital, under the promise of attending as an out-patient. This, however, he did not think proper to do; and it was only by accident that I subsequently obtained an opportunity of examining the eye. Its condition at the expiration of two months was as follows:—

“The pupil was still widely dilated, and the irregularity of the inner margin of the iris was very distinctly seen. Neither contraction nor dilatation of the iris could be excited; it remained perfectly motionless under every amount of light. The eye had speedily recovered from the accident, with the exception of the sight, which remained very dull, all objects appearing hazy and indistinct. The sight was improved by looking through a pin-hole aperture in a card. As there were no indications of inflammatory action, he was recommended to supply himself with a pierced diaphragm to limit the quantity of light entering the eye, and to avoid everything which could over-excite the organ.

“Case 2. An officer of dragoons, quartered in Dublin, early in October, 1854, was playing at racquets, when he received a violent blow from the ball on the left eye. For a time he was stunned, but on regaining his senses he found that sight had left the injured eye. He placed himself under the care of an eminent physician, and Mr. Wilde was also consulted, so that no skill was wanting in the early treatment of the case.

“This gentleman was seen by me on the 16th of the following November, about six weeks after the accident. The condition of the eye was as follows: The pupil was so enormously dilated that the iris was reduced to a mere narrow strip, and was perfectly immovable under the strongest light. The lower portion of the margin presented two fissures, the edges of which being drawn asunder, gave a saw-like appearance to that part. The sight was very imperfect, large objects only being discernible; it was not improved by a pierced diaphragm.

“Stimulating embrocations and instillation of tinctures of aconite and of opium were tried, but without the slightest benefit.

“I saw this gentleman from time to time, and six weeks after his first visit decided improvement in the sight displayed itself: by looking through a pin-hole aperture he was able to discern objects which had before been very indistinct. After the lapse of four months, an alteration became visible in the condition of the iris; a certain power of contraction had been regained, for there was a marked diminution in the size of the pupil, and an equally marked increase in the breadth of the iris. Still it could not be seen to act under the influence of light, there being no discernible alteration when the eye was alternately shaded and exposed.